

**TENNESSEE SEX OFFENDER TREATMENT BOARD
PROVIDER AGREEMENT**

1. I will provide therapy to sex offenders in groups as primary modality.
2. I will utilize the behavioral cognitive relapse prevention provided by the board.
3. I will provide sexual arousal reconditioning including covert sensitization and satiation behavioral interventions within the first 9-12 months of treatment.
4. I will follow the protocol provided by the board in assessing reunification of offender and family.
5. I will assist in developing a personal relapse prevention plan in conjunction with the relapse prevention and victim empathy curriculum modules.
6. I understand that sex offender treatment includes therapy and supervision and I will communicate, in a regular and timely fashion, with the offender's community supervisor.
7. When available, I will utilize polygraphy and / or physiological assessment to monitor deviant sexual arousal/interest with clients as resources permit.
8. T.C.A. 39-13-704 places financial responsibility on the offender as he is able to pay.
9. I understand that reimbursement rates from the Sex Offender Treatment Fund are established by the Board.
10. I will allow monitoring of my sex offender specific therapy efforts by the board, including complaints and site visits.
11. I understand the board may withdraw my privilege of being included in the statewide provider list for noncompliance with TCA 39-Chapter 13-Standardized Treatment for Sex Offenders. I will participate in the confidential quality improvement process as outlined by the board.
12. I understand that currently approved providers must attend one day of the Board's annual conference.
13. I understand that new providers must attend the Board plenary session at the annual conference.
14. I understand that if I have concerns I want to bring to the attention of the Board I can contact a Board member.
15. I agree to comply with TCA 40-39-211 Tennessee Sexual Offender and Violent Sexual Offender Registration, Verification, and Tracking Act of 2004.

I recognized that by participating in this training that I am acknowledging that I am willing to subscribe to the treatment philosophy held by the State of Tennessee Sex Offender Treatment Board. Furthermore, I recognize that the training provided by the board itself does not qualify me as an expert in the area of sex offender treatment.

Name (Printed)

Signature

Date